S. No. 300
v. 10.48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11259

BIRTH NO. — REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 253

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glendale
c. LENGTH OF STAY (in this place) 70 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 797 # Lockwood Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 65 Glendale 4651
d. STREET ADDRESS (If rural, give location) 797 # Lockwood Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Andrew
b. (Middle) Julius
c. (Last) Sandvoss

4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 3-26-1879
9. AGE (In years last birthday) 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk
10b. KIND OF BUSINESS OR INDUSTRY D.S.A. Ret. 6 yrs
11. BIRTHPLACE (State or foreign country) St Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andreas Sandvoss
13b. MOTHER'S MAIDEN NAME Wilhelmina Duerrob
14. NAME OF HUSBAND OR WIFE Ellinor Boehm Sandvoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-24-4262
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ellinor Sandvoss — ADDRESS 797 Lockwood Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5, 1944, *to* Jan 30, 1952, *that I last saw the deceased alive on* Jan 25, 1952, *and that death occurred at* 3a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D S Weith MD. O
23b. ADDRESS 124 E Adams
23c. DATE SIGNED 1-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial O
24b. DATE 1-31-52
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) Affton 23 (State) Mo

DATE REC'D BY LOCAL REG. 1-30-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD SC
25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg Funeral Home — ADDRESS 23 W. Lockwood Ave Wergro

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.